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ABSTRACT

This journal supplement developed by the Migrant Clinicians Network (MCN) contains three articles related to domestic violence in the migrant population. "Domestic Violence Tips for Clinicians" suggests what to include in the patient's medical record, recommends routine screening, and offers guidelines for interviewing. It also lists what to look for in possible abuse cases, and suggests other ways to help combat domestic violence. In "Sylvia's Story," a migrant survivor of domestic violence describes the abuse she endured for 32 years, her experience in the Camp Health Aide Program, and her work with other abused farmworker women. "Recommendations for Addressing Domestic Violence within the Migrant and Seasonal Farmworker Population" (Michael Koroscik and Rachel Rodriguez) summarizes recommendations resulting from domestic violence workshops and focus groups held in conjunction with the Western, Midwestern, and Eastern Stream Forums. Participants discussed stream-specific family violence service delivery issues, as well as specific identification and intervention techniques. Recommendations included development of support groups for migrant farmworker women and education and information programs on domestic violence for women, men, migrant health staff, and preadolescent girls and boys. The issue includes a camera-ready Domestic Violence Assessment Form in English and Spanish. (KS)

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clinical supplement

M I G R A N T C L I N I C I A N S N E T W O R K

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Domestic Violence Tips for Clinicians

The following is an excerpt from a brochure developed jointly by the Texas Medical Association and the Texas Council on Family Violence, which provides guidelines for appropriate intervention by primary care providers working with farmworker women.

What to Include in the Medical Record

Good medical records can protect you against liability and may prove crucial in any legal action against the abuser. Be sure to document the visit thoroughly:

- Chief complaint and description of the abusive event, using the patient's own words when possible.
- Patient's verbal description of past abuse, even if no visible signs of current abuse exist.
- Complete medical history
- Relevant social history
- Detailed description of injuries, including type, number, size, location, resolution, possible causes and explanations given.
- Your opinion about whether the injuries were adequately explained.
- Results of laboratory and diagnostic tests.
- Color photographs, taken with the woman's consent, and imaging studies, if applicable.
- Description of referral information you gave the patient.
- Patient's decision about the referral.

Consider Routine Screening

Most primary care providers feel

awkward asking a patient about battering. Perhaps you are concerned you will offend the patient or that it will take too much time. Or maybe you believe battering is a social problem, rather than a medical one.

Despite your apprehensions, you can find ways to talk routinely about battering and, consequently, build strong physician-patient relationships with women. You can include screening questions in the social history, past medical history, review of symptoms, or history of current illness.

You may begin by saying, "I'm so concerned about the amount of abuse in families nowadays that I ask all my patients about it."

Most domestic violence victims will not volunteer that they are being abused. Victims may feel too ashamed, or they may not recognize a

spouse's behavior as "battering." Many are dependent on their partners for food, housing, and money.

When asked about abuse in a supportive and caring climate, however, they often respond to questions. Even if a patient doesn't confide in you, your concern can strengthen her capacity to seek help when she is ready.

Guidelines For Interviewing

- Interview the patient alone, without her partner or children present. An abused woman will not answer questions about being battered in front of her abuser and/or children. Doing so could put her or her children in danger of future abuse.

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Screening Form Included In This Issue

For readers who missed it in the May/June 1993 issue, this issue of the Clinical Supplement once again contains a camera-ready Domestic Violence Assessment form. The form was developed by Dr. Judith McFarlane and adapted for use with migrant farmworker women by the Migrant Clinicians Network.

MCN encourages the use of this screening form by all migrant health care providers. The form is in English on one side and Spanish on the reverse. You may make copies as needed.

BEST COPY AVAILABLE

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Sylvia's Story

Presentation at the 1993 East Coast Migrant Stream Forum

NOTE: Sylvia is a survivor of domestic violence. She is also a 1993 graduate of the Camp Health Aide Program, sponsored by the Midwest Migrant Health Information Office and the W.K. Kellogg Foundation. She is sharing her experience with family violence in the hope that it will aid clinicians in helping other women.

It all began when I was a child living in a home of violence and abuse. My mother was abused physically and mentally. As a result of this [abuse], the children paid the consequences. Because of the violence and abuse that there was in my house, I decided to leave my home and get married when I was 17 years old. Even though I had good grades, I had to leave school in order to be able to help my mother with my three brothers when she decided to leave my father.

In order to continue with my life, I married my first husband. I married him in order to get away from the abuse in my home. However, I left without knowing what waited for me. My marriage lasted two years: two years of physical, mental, and verbal abuse. The end result was that the last blows he gave me made me vomit blood. I almost lost my son Jose when I was six months pregnant. This was when I decided to leave my husband. It was not only my life that was in danger but also that of my children.

In order to stay alone, I had to work hard to support my children. I cleaned houses and picked potatoes and beans because I had no academic preparation. Then I met my second husband. I married. We had a child. All was great for the first three years, until he got involved with drugs. He lost his job. I worked as a babysitter in my house; and he started stealing the money that was for my children's food in order to satisfy his vices. Because of this, he died of cancerous tumors. I was alone again.

I decided to go to another state even though I had only one friend there. I started working picking blueberries. I made another home for myself that was to be my third home. I met my third husband with whom I withstood seven years of physical and

mental abuse until he left me for another woman. It was so painful to know that I gave the best years of my life supporting his problems of impotence and alcoholism that I went to a mental health hospital for 20 days. I had now received abuse [and] blows for 32 years of my life.

Now as I think and look back, I say to myself that I am strong. Because of everything that has happened, I will always be concerned with protecting my children. I will always be

"... I exhort you that if you want to be part of making something for us, farmworker women, then help us with the voices of all other women."

concerned with keeping them far away from violence and keeping them from withstanding the pain, the fear, and the pressure that abuse causes. I always involve my children in playing sports and in the company of good friends and associations so that they will become good citizens. I thank God that until today I have achieved this goal with my children.

When my husband left me, they told me that I had to leave my apartment, which was only for farmworkers. At the time I was suffering from chronic depression that was diagnosed by my doctor. I was sick, alone, and without a job. Finally, like this, I went to the countryside in search of a job in order to be able to stay in my home. My home was in a low income complex. It was the only thing I was

able to afford because the rents in the state are high. Plus, I was tired of running from one place to another. In order to get a job in a peach packing house, I had to beg and tell them my situation. Upon telling my story, the boss of the farm [was] moved and she told me that I would be the first person that she would call. She wrote a letter to the manager of my apartment complex to let him know that I was going to begin work. Well, until today, all is well with my housing.

An outreach worker and a young woman from the clinic visited my home to offer me an opportunity to help farmworkers in my area by participating in the Camp Health Aide Program. I thought also that it would help me as well as others. It [the opportunity] consisted of 20 weeks of health education. The first benefit of this was not only to help other people but also myself. I felt useful. I had confidence in my self. It stimulated me to start my educational preparation in order to get my G.E.D. and to involve myself in different groups like the Women's Domestic Violence Group that I attend weekly in order to continue to help me in my struggle.

I have promised myself to help other women like me. For the first time in my life and I am helping others to do the same in their lives. Because of this, I exhort you that if you want to be part of making something for us, farmworker women, then help us with the voices of all other women. We need the education in the clinics, in the homes, and in the schools on prevention of violence.

In the name of farmworker women, I thank you. Remember that one has to live this experience to know what us women go through. Thanks to all the organizations that made it possible for me to work with farmworkers. Thanks to God and thanks to you. ♦

MIGRANT CLINICIANS NETWORK

Domestic Violence Assessment Form

NOTE TO PROVIDER: If the client chooses to talk about child abuse which occurs in her home, the law in your state may require you to report suspicions of child abuse to state authorities. If this occurs, you need to discuss the reporting process with the client. Other than suspected child abuse, all information recorded on this form should remain confidential.

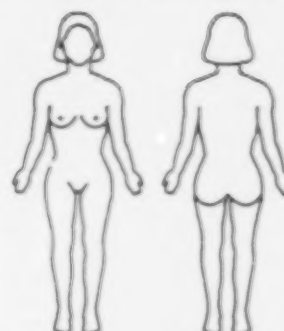
Client Name: _____ Chart No.: _____ Date: _____

Provider: _____ Clinic: _____

1. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone? YES NO
- If YES, by whom? (circle all that apply) HUSBAND EX-HUSBAND BOYFRIEND RELATIVE STRANGER OTHER
- Total number of times: _____

Please mark the area of injury on the body map. Score each incident according to the following scale:

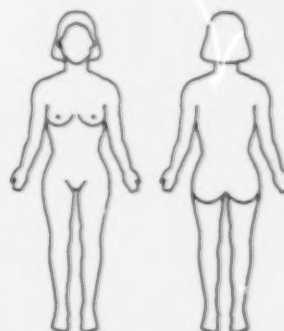
- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing, no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon, wound from weapon



2. If pregnant, since the pregnancy began have you been hit, slapped, kicked, or otherwise physically hurt by someone? YES NO
- Total number of times: _____

Please mark the area of injury on the body map. Score each incident according to the following scale:

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing, no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon, wound from weapon



3. Within the last year, has anyone forced you to have sexual activities? YES NO
- If YES, who? (circle all that apply) HUSBAND EX-HUSBAND BOYFRIEND RELATIVE STRANGER OTHER
- Total number of times: _____

4. Are you afraid of your partner or anyone you listed above? YES NO

This form was developed by Dr. Judith McFarlane, College of Nursing, Texas Woman's University, Houston, Texas. The form was adapted by the Migrant Clinicians Network for use in a migrant health center setting and used with permission. This form may be duplicated as needed. For more information, contact MCN at 1515 Capital of Texas Hwy. South, Ste. 112, Austin, TX 78746, (512) 327-2017.

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Evaluación Sobre Abuso Físico

AVISO A PROVEEDORES DE SERVICIOS: Si su cliente escoge discutir abusos físicos cometidos en contra de menores en el hogar, tenga en cuenta la ley de su estado: ésta ley posiblemente demanda reportar a los autoridades locales estas sospechas. Si esto ocurre, usted debe discutir el reporte de estas actividades con su cliente. El resto de la información incluida en esta forma debé mantenerse confidencialmente.

Nombre de Cliente: _____ Archivo No.: _____ Fecha: _____

Proveedor: _____ Clínica: _____

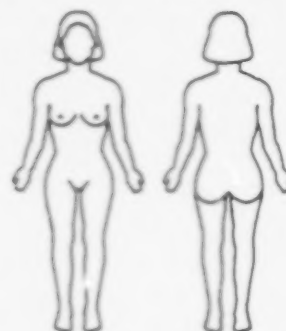
1. ¿Durante el último año, ha sido usted lastimada físicamente (golpes, patadas, bofetadas) por otra persona? SÍ NO

Si afirmativa, ¿por quien? ESPOSO EX-ESPOSO NOVIO PARIENTE DESCONOCIDO OTRO

Numero total de ocasiones de abuso: _____

Marque en el mapa corporal el area golpeada. Apunte cada incidente según la siguiente escala:

- 1 = Amenazas de abuso incluyendo el uso de alguna arma
- 2 = Bofetadas, empujones sin lesiones ni dolor prolongado
- 3 = Punetazos, patadas, cortadas o lesiones con dolor prolongado
- 4 = Golpes, contusiones severas, quemaduras, huesos fracturados
- 5 = Lesiones en la cabeza, lesiones internas, lesiones permanentes
- 6 = Uso de arma, herida por uso de arma

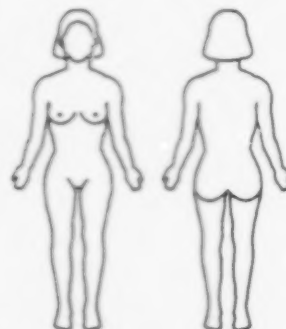


2. ¿Durante el embarazo fue ud. golpeada o lastimada físicamente? SÍ NO

Numero total de ocasiones de abuso: _____

Marque en el mapa corporal el area golpeada. Apunte cada incidente según la siguiente escala:

- 1 = Amenazas de abuso incluyendo el uso de alguna arma
- 2 = Bofetadas, empujones sin lesiones ni dolor prolongado
- 3 = Punetazos, patadas, cortadas o lesiones con dolor prolongado
- 4 = Golpes, contusiones severas, quemaduras, huesos fracturados
- 5 = Lesiones en la cabeza, lesiones internas, lesiones permanentes
- 6 = Uso de arma, herida cometida por el arma usada



3. ¿Ha sido ud. forzada a tener relaciones sexuales durante el último año? SÍ NO

Si afirmativa, ¿por quien? ESPOSO EX-ESPOSO NOVIO PARIENTE DESCONOCIDO OTRO

Numero total de ocasiones de abuso: _____

4. ¿Tiene usted miedo de su pareja o de alguna de las personas mencionadas anteriormente? SÍ NO

Este cuestionario fué elaborado por la Dra. Judith McFarlane, College of Nursing, Texas Woman's University, Houston, Texas. El cuestionario fué adaptado por el Migrant Clinicians Network para uso en un centro de salud migrante. Uso y reproducción de este cuestionario es permitido. Para más información, comuníquese con MCN en 1515 Capital of Texas Hwy. South, Sta. 112, Austin, TX 78746, (512) 327-2017.

Recommendations for Addressing Domestic Violence Within the Migrant and Seasonal Farmworker Population

By Michael Koroscik, Migrant Clinicians Network, and Rachel Rodriguez, PhD, RN, University of Colorado, Health Science Center, Denver, Colorado

The work and lifestyle of migrant and seasonal farmworkers exacerbates the problem to effectively address domestic violence within this group. For many, domestic violence has been integrated into their social mores to become an accepted way of life. In the past year, the Migrant Clinicians Network (MCN) co-sponsored domestic violence workshops and focus groups in conjunction with the Western, Midwestern and Eastern Forums to address this growing concern. Participants discussed stream specific family violence service delivery issues, as well as specific identification and intervention techniques.

Western Stream Work Group

The Western Stream Forum domestic violence workshop participants provided the following recommendations:

1. Hispanic batterers treatment programs are desperately needed for migrant and seasonal migrant workers.
2. Any service delivery support created

must start where the women are; within the camps and in rural communities.

3. All programs developed to address this problem must include strong one-on-one advocacy.
4. Intuition may be the most sensitive method/measure of assessment.
5. Effective programs will integrate the use of cultural beliefs assessments and natural healing methods.
6. The "tragic element to life" factor significantly influences the health status of migrant and seasonal farmworkers.

Midwestern Stream Work Group

Providers at the Midwestern Migrant Stream meeting, domestic violence workshop and focus group suggested the following programs and projects:

1. The designation of a "domestic violence network" for clinicians working in migrant health programs and migrant farmworker women.

2. The creation of a "domestic violence and farmworker women" symposium to bring together farmworker women and clinicians working on domestic violence issues in migrant health programs.

3. The distribution of a newsletter for information exchange between network members, to share successful programs. Also, to exchange information through a electronic bulletin board system.

4. The development of domestic violence "work groups" in migrant program sites which would include migrant women.

5. The development of general program guidelines and curriculum which would include basic information on domestic violence, the cycle of violence, myths, and risks to women when they leave their husband.

6. The development of domestic violence educational videos that would be specific to the needs of migrant and seasonal farmworkers. The video could also serve as a prevention tool by modeling non-violent behaviors among farmworker families.

7. The collaboration with Migrant Education and other appropriate programs to incorporate domestic violence prevention programs in schools. These programs would be aimed at both pre-adolescent and adolescent boys and girls and would include discussions of power and control in relationships, jealousy, physical violence, etc.

8. The development of support groups for discussion of domestic violence.

Looking for a Few Good Clinicians:

The Migrant Clinicians Network needs to identify a minimum of three migrant health clinics in each stream to participate in a three-month-long evaluation of the effectiveness of the Domestic Violence Assessment Form, gather incidence data on numbers of battered farmworker women in their practice populations, and provide limited population demographics.

Please contact Rachel Rodriguez, PhD, RN, at (303) 270-5454 for more information or to volunteer your center as a research practice site for this study.

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Recommendations for Addressing Domestic Violence

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Eastern Stream Work Group

At the Eastern Migrant Stream meeting, domestic violence workshop and focus group members recommended the implementation of the following programs and projects:

1. The development of education and support programs for migrant farmworker women. Specify that domestic violence is a crime, and that the women will not be deported for reporting the abuse.
2. The development of education and information programs for the men on domestic violence.
3. The development of support groups for battered migrant women.
4. The implementation of educational programs for migrant health staff regarding domestic violence.
5. The development of programs aimed at prevention of domestic violence.
6. The adaptation and implementation of a women's support model, such as "de Madres a Madres" in both the upstream and downstream migrant programs.
7. The identification of resources and assistance for undocumented migrant farmworker women who are battered.

Programs and projects targeted to domestic violence in migrant and seasonal migrant families must be initiated. The recommendations supported by the stream workshops and focus groups all have common themes:

(1) the development of support groups for migrant farmworker women,

(2) increased education and information resources on domestic violence specific to the needs of migrant farmworkers, and

(3) the adoption of prevention programs, specifically aimed at pre-adolescents and adolescents, within migrant education programs.

Currently, there is no literature available on the extent of family violence within the migrant farmworker

family. Continued research is needed to document the prevalence of domestic violence among migrant farmworker women. Funds are critical for the implementation of intervention and support programs for battered migrant women. ❖

Further information on this subject can be obtained from:

**The National Coalition
Against Domestic Violence**
1012 14th Street, NW, Suite 807
Washington, D.C. 20005
(202) 638-6388

Domestic Violence Tips for Clinicians

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- When appropriate, arrange for a female health-care professional to interview the patient. Many abused women feel more comfortable talking with another woman.
- Use your own words, but words that are supportive and non-judgmental.

What To Look For

- Explanations inconsistent with the nature of the injury.
- Delay in seeking medical care.
- Multiple sites of injury.
- Repeated or chronic injuries.
- Injuries to the head, neck, breasts, chest or abdomen.

Beyond Intervention

Since the late 1970's, states have begun to reassess domestic violence

policies. The current consensus is that domestic violence is a crime, that safety for victims must be a priority, and that traditional services — including medical care — must change. Medical schools are modifying curricula to include recognition of abuse.

As you strengthen your role in assisting battered women, you may feel the need to play a more active role. Above all, make routine screening part of your practice. Only you can start the healing now.

- Speak to school health classes and community groups.
- Serve on boards of family violence shelters.
- Advocate for more violence prevention programs.
- Develop innovative prevention and treatment programs. ❖

The Clinical Supplement to Migrant Health Newsline is developed by the Migrant Clinicians Network. To submit articles for the Clinical Supplement or for more information about the Migrant Clinicians Network, contact MCN at 1515 Capital of Texas Hwy. South, Suite 112, Austin, TX 78746, (512) 327-2017. Copies of original source articles with complete reference listings may be obtained by calling the National Migrant Resource Program, Inc. at (512) 328-7682.